

City of Auburn

Owner-Occupied Housing Rehabilitation Program



Program Interest Form

Persons interested in obtaining an application packet for the City of Auburn Owner Occupied Rehabilitation Program are invited to complete this form and submit it to the address provided below.

Date: _____

Name of Applicant: _____ Age _____ Sex: M ____ F ____

Name of Co-Applicant: _____ Age _____ Sex: M ____ F ____

Mailing address: _____

Email address: _____ Telephone: _____

Applicant Race/Ethnicity (For statistical purposes only)

RACE

- | | |
|--|---|
| <input type="checkbox"/> White | <input type="checkbox"/> American Indian or Alaska Native AND White |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Black/African American AND White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Asian AND White |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> American Indian/Alaska Native AND Black African/American |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Other _____ |

HISPANIC/LATINO ETHNICITY:

- | | |
|---|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes, Mexican/Chicano | <input type="checkbox"/> Yes, Cuban |
| <input type="checkbox"/> Yes, Puerto Rican | <input type="checkbox"/> Yes, Other Hispanic/Latino: _____ |

Number of people in household? _____

Age of Applicants' children that will live in the home: _____

Ages & relationships of all other persons living in the home: _____

Will there be any persons with a disability living in the home? ☐ Yes ☐ No If yes, how many? _____

Income of **ALL** persons living in the home (specify total **MONTHLY** amount): \$ _____

Names of Employers for all members of household: _____

Signature of Applicant: _____ **Signature** of Co-Applicant: _____

City of Auburn 2015 Income Limits

1 person	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons	8 persons
\$40,050	\$45,800	\$51,500	\$57,200	\$61,800	\$66,400	\$70,950	\$75,550

For complete application packet email, mail or bring form in person to:

City of Auburn, Planning & Public Works Dept

1225 Lincoln Way; Auburn, CA 95603

Phone: (530) 823-4211 ext 122 Fax: (916) 253-7864 Email: cstuart@auburn.ca.gov

----- For office use only -----

Date Application Mailed _____ If not qualified – Reason _____

